
COALITION FOR ACCESSIBLE TREATMENTS

Patients' Access to Treatments Act – HR 1600

Prescription medications are developed to help improve and maintain health and quality of life, and to keep people in the workforce, with their families, and in their communities. Accessing affordable medications is vital for all Americans, but especially for those with chronic, disabling, and often life-threatening conditions such as multiple sclerosis, rheumatoid arthritis, psoriatic arthritis, lupus, cancer, HIV, and primary immunodeficiency diseases.

An alarming trend in today's health insurance market is the practice of moving more expensive so called specialty drugs onto specialty tiers that utilize high patient cost-sharing methods.

- Specialty tiers commonly require patients to pay a percentage of the cost of the drug (co-insurance) that can range from 25% to 50% or higher, costing a patient hundreds, even thousands of dollars, per month out-of-pocket for a single medication.
- Specialty tiers and co-insurance are placing medically-necessary treatments out of reach of average insured Americans.
- A patient's financial responsibility or cost-sharing for a prescription medication should not be so large that it inappropriately restricts or interferes with medically-necessary use of medications.
- Failure to adhere to a treatment plan because of lack of access to medications can lead to worsening disease, increased rates of disability, loss of function, productivity and independence, and rising health care costs as more patients forego treatment.
- Non-adherence to medication regimens not only have a direct impact on health and disease progression - it contributes direct annual costs of \$100 billion to the U.S. health care system. Indirect costs exceed \$1.5 billion annually in lost patient earnings and \$50 billion in lost productivity.¹

Take Action and Co-Sponsor PATA

The bipartisan Patients' Access to Treatments Act (HR 1600), introduced by Representatives David McKinley (R-WV) and Lois Capps (D-CA), proposes to limit cost-sharing requirements applicable to medications in a specialty drug tier (typically Tier IV or higher) to the dollar amount applicable to drugs in a non-preferred brand drug tier (typically Tier III).

Please co-sponsor this legislation by contacting Rep. David McKinley's office at devon.seibert@mail.house.gov or x54172.

¹ Goldman D.P., et al. (2004). Pharmacy benefits and the use of drugs by the chronically ill. JAMA., 291(19): 2344-2350